MAINE
DEPARTMENT OF
LABOR
Bureau of Rehabilitation Services

Application for In-State Approval
For Community Rehabilitation Providers

Date of Application: _____

Name of Provider: _____
Name of Legal Entity Sponsoring Provider (if different from above):
_____

Providers Address: _____

_____

Name & Title of Contact Person: _____

(Name of CEO if different from above): _____

Telephone: _____ Cell: _____ Fax: _____

E-mail address: _____

Proposed Services: (please check all applicable service categories)
___ Situational Assessment ___ Job Development/Placement ___ Job Coaching
___ Long-term Supports Other: _____

Please check all counties where you will provide these services:

___ Androscoggin	___ Aroostook	___ Cumberland	___ Franklin
___ Hancock	___ Kennebec	___ Knox	___ Lincoln
___ Oxford	___ Penobscot	___ Piscataquis	___ Sagadahoc
___ Somerset	___ Waldo	___ Washington	___ York

Names and dates of birth (required for background check) of all individuals who will be providing the above employment services (or verification if agency does its' own background checks): (Note: please attach a resume with relevant education & training for each individual listed)

Name	DOB	Background check

Please attach the following documents:

1. A mission statement specific to your employment programs
2. Articles of incorporation or Statement of Ownership
3. Resumes/Proof of qualifying training for all staff providing employment services
4. Proof of current auto insurance and valid Maine Driver's license for each staff person providing employment services
5. Proof of Background Checks for all staff providing employment services (if this is an application for an independent Provider, BRS will conduct the background check)
6. Proof of Professional liability coverage (we require a minimum of $400,00)
7. Written policy to inform clients, advocates and stakeholders of their right to file a complaint against the CRP without repercussions; and the proper procedures to do so. Include information about the Client Assistance Program (CAP), CAREs Inc.
8. Written policies and procedures to assure clients are informed of and supported, to exercise their fundamental rights and responsibilities as a recipient of services
9. Written policies and procedures to assure client has input and informed choices regarding services
10. Written policy and procedure to ensure client is provided a copy of all reports generated on their behalf, that are provided to BRS
11. Safeguards and security measures to allow only authorized people to access client files (paper and electronic)
12. Written policy and procedures for client/legal guardian's access to client's records
13. Written policy and procedures that specify under what conditions services may be discontinued or interrupted, which minimally indicate how and when client and state agency representative are notified
14. Written procedures for a documented internal records review process
15. Written Plan of Accessibility or a policy statement that explains how the CRP will assure access to services as required by state and federal laws. The plan may include completion of an ADA Facilities Checklist and identification of a corrective action to remove any barriers. In the case of an independent CRP operating out of his/her home, the written plan may consist of a statement that all services will be provided at accessible community locations such as the local Career Center.
16. A written plan (with specific actions and timelines) to market your employment services during the first year of operation

Service Delivery References (for newly established entities)

Name	Title/Relationship	Phone
1.		
2.		
3.		

Signature _____ Date: _____

Print Name: _____ Title: _____

Please send to: Kevin Owen
Bureau of Rehabilitation Services
150 State House Station
Augusta, ME 04333-0150